

SES PROVIDER APPLICATION**Part B****PROVIDER SERVICE SUMMARY**

(This information will be available on-line to parents, schools, and the general public.)

PROVIDER INFORMATION

NAME OF PROVIDER: The Terry Learning Center of Missouri

MAILING ADDRESS: 5935 Romaine Place

CITY: St. Louis

STATE: Mo. 63117

ZIP CODE:

PHONE NUMBER: (314) 630-6667

FAX NUMBER: (216) 916-4300

E-MAIL ADDRESS: info@terrylearning.com

PRIMARY CONTACT INFORMATION

NAME: Patricia Macon (Director)

PHONE NUMBER: (314) 630-6667

E-MAIL ADDRESS: pmacon@terrylearning.com

SERVICES**Provider status—check all that apply:**

- ☒ For-profit organization
☐ Non-profit organization
☐ Faith-based organization

- ☐ School district
☐ School building
☐ Individual
☐ Other: _____

Areas to be served by provider:

- ☒ All school districts in Missouri
☐ Specific districts or counties. Please list: _____

Number of sessions per week: 4-5**Minimum/maximum numbers:**

Minimum number of students required before offering services: 10

Maximum number of students to be served at a session: 8

Cost per session: \$35.00**Proposed location of service delivery:**

- ☒ Student's school site (if negotiated with the district)
☐ Provider site
☐ Other—explain: _____

If service delivery is not at the student's school, is transportation provided? If so, is there a separate fee?
(Note: Districts are not required to provide or pay for transportation).

No.

Certification of instructors:

- ☒ Baccalaureate degree in education
☐ Baccalaureate degree in related field of instruction. Please list related field(s): _____
☐ Reading Specialist
☐ Other: _____

Additional education and/or experience:

- ☒ Masters level degrees or above in either reading or mathematics
☒ Missouri teacher certificated/licensed teachers
☒ Experience teaching students with specific disabilities
☐ Experience teaching LEP students
☒ Ability to speak languages other than English. Please list: _____
☐ Other: _____

- ☒ Weekends
☒ Summer
☐ Other: _____

Mode of Instructional Delivery:

- ☒ Individual one-on-one tutoring
☒ Small group instruction (2 to 5 students)
☒ Large group instruction (6 to 10 students)
☒ On-Line/Web-based
☐ Other: _____

Specifics of reporting to parents & school (check all that apply):

Method:

- ☒ letters
☒ phone calls
☒ conference with parents

Frequency:

- ☐ weekly
☐ bi-monthly
☒ monthly

☒ I can forgo some with parents & school supplemental services

corresponding box.

- ☒ Low-income students
☒ Minority students
☒ Migrant students
☒ Limited English proficient students (LEP)
☒ Special education students

☐ Other—describe: _____
☐ Please indicate if you wish to only be considered for service toward specific subgroups of children because of special expertise in some areas.
 Indicate subgroups: _____

Effectiveness:

Give a brief description of evidence you have that demonstrates effectiveness of your program/services. (This will be shared with parents).

Pre and Post tests will give specific measure of the programs overall effectiveness. Our instructors and staff

will track/report per session student attendance and academic progress. Up-to-date and well organized

records will be maintained on each student with consistent reporting to parents and teachers.